

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5	1					
6		1				
7						
8		1				
9						
10						
11						
12						
13						
14						
15						
16		1				
17	1					
18		1				
19						
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21						
22	1					
23		1				
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26	1					
27		1				
28						
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33						
34						
35						
36		1				
37	1					
38		1				
39						
40						
41		1				
42						
43						
44						
45						
46						
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48						
49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	35	↓		↓		↓
TOTAL CLAIMS	41					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS